



APPLICATION ARTS Scholarships 2020

Applications must be submitted by 4:00 p.m. on Friday, February 28, 2020

Part 1. All questions on pages 1 & 2 must be answered COMPLETELY and ONLY by the student – please do not use pencil.

Name:

Address:

City:

State:

Zip:

Date of Birth:

Sex:

Email address:

Home Phone:

Other Phone:

School name & city, current grade level:

Please list arts-related clubs, activities, or classes:

Please write a brief statement describing your past artistic experiences (attach additional page or continue on back if more room is needed):

What are your future artistic goals?

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What other scholarships or tuition supplement have you applied for and/or received?

* * * * *

If awarded a scholarship, what summer arts program do you want to attend (list of suggested programs enclosed):

Name of institution and/or program: _____

Address of institution and/or program: _____

Telephone number of institution: _____

Program title (if known): _____

Dates of program (if known): _____

Program costs - Tuition: _____ Supplies:*

*The Providence Performing Arts Center reserves the right to determine what constitutes basic supplies for course study. A supply list must be forwarded in advance for approval by the Providence Performing Arts Center.

Check off these items as they are enclosed **that must accompany this application:**

- Parent/Guardian Part 2
- Sponsor Part 3
- Sample artwork (up to three pieces)

If awarded a scholarship, I (student) will complete the summer program and participate in a follow-up questionnaire evaluation of my summer arts experience conducted by the Providence Performing Arts Center.

Student signature: _____ Date: _____

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Part 2. To be completed by a Parent/Guardian – page 3 – please print

Student's name _____

While financial need will not be the sole determining factor, it is the goal of the Committee to award scholarships to those talented students who would not otherwise have the opportunity to attend the program of their choice. All information provided will be held in the strictest confidence and shared only with the Committee members to assess financial need.

Our family's annual income is:

\$0-\$20,000 \$20,000-\$40,000 \$40,000-\$60,000 \$60,000-\$80,000 \$100,000+

There are ___ children in our household supported by this income.

Please describe any other circumstances that might affect the family's ability to afford the chosen summer arts program (such as number of family members, medical expenses, etc.)

If my child is awarded a scholarship, I (parent/guardian) will be supportive of his/her efforts to complete the summer arts program.

Parent/Guardian Signature _____

Date: _____

Para solicitar una traducción al español de este formulario para padres, llame al 401-421-2997 o envíe un correo electrónico a cgoldsmith@ppacri.org

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Part 3. To be completed by a Sponsor (adult not related to family) – page 4 – please print

Student's name _____

Please describe your relationship with the student:

I recommend this student to receive a scholarship because:

I (sponsor) personally know this student and his/her artistic abilities and goals and recommend him/her to receive a scholarship.

*Sponsor name (please print): _____

*Mailing Address: _____

Phone: _____ *Email address: _____

*Date: _____

**required*

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